Claims Clues

A Publication of the AHCCCS Claims Department

January, 2003

Use of 1-800 Telephone Numbers Restricted

laims Customer Service and certain other AHCCCS Units no longer accept calls to the 1-800 phone numbers from providers in the Phoenix metro area.

The restrictions apply to Phoenix metro area providers whose telephone area code is 602, 480, or 623.

Providers in the Phoenix metro area must call (602) 417-7670 (Option 4) to contact Claims Customer Service. Providers *outside* the Phoenix metro area may call toll-free at 1-800-794-6862.

The restriction on accepting the 1-800 numbers applies to other agency phone numbers frequently called by providers:



AHCCCS Verification Unit: Phoenix area providers must call (602) 417-7000. All others should call 1-800-962-6690 Interactive Voice Response (IVR): Phoenix area providers must call (602) 417-7200. All others should call 1-800-331-5090.

When callers from within Maricopa County use the agency's 1-800 phone numbers instead of dialing the local area code numbers, it costs the agency thousands of dollars each month. The change will result in a savings to the agency of approximately \$5,000 per month.

Over the next few weeks, AHCCCS will review other 1-800 numbers for this restriction.

Claims Without Provider ID Cannot Be Adjudicated

ee-for-service claims submitted to the AHCCCS Administration without an AHCCCS provider ID number cannot be adjudicated, and the provider must resubmit the claim with the provider ID in the appropriate field.

When a claim is received without a provider ID number, the AHCCCS Claims Department sends a Missing Provider ID letter to the provider identified on the claim. The letter is sent to the address listed in Field 33 of the HCFA 1500 claim form or Field 1

of the UB-92 claim form.

The letter advises the provider to resubmit the claim with the AHCCCS provider ID in the appropriate field. Providers who do not have an AHCCCS ID are advised to contact the Provider Registration Unit.

'By Report' Pricing Percentage Revised to 65%

he AHCCCS
Administration has
revised its fee-for-service
fee schedule payment rate for
manually priced ("By Report")
services for dates of service on
and after October 1, 2002.

The new AHCCCS payment rate is 65 per cent of covered billed charges, a decrease from the

previous rate of 80 per cent of covered billed charges. The revision applies to all services on the fee-for-service fee schedule for which AHCCCS has not established a capped fee.

If there is a capped fee for the service, covered charges are priced at 100 per cent of the billed charges or the capped fee for

service, whichever is less.

The AHCCCS fee schedule is available on the AHCCCS Web site at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Shortcuts" section. Click on the link to the fee schedule.

Updated Provider Manual Available on Web

he AHCCCS Fee-For-Service Provider Manual has been updated and is available on the AHCCCS Web site.

Providers are encouraged to use the on-line version of the manual. A paper copy will not be automatically mailed to every provider as in previous years.

Providers who do not have Internet access may request a paper copy by submitting the form attached to this issue of *Claims Clues*. The first copy of the manual is free. Additional copies cost \$75 each.

To view the manual on line,

visit the AHCCCS Web site at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Additional Information" section. Click on the link to the Fee-For-Service Provider Manual.

Providers Using Web To Check Eligibility, Claims

ore than 200 AHCCCS providers are using a new Web application that allows them to verify eligibility and enrollment and to check the status of fee-for-service claims using the Internet.

The Web-based application initially was made available to providers in stages, based on provider ID number. Now, all providers may create accounts.

To create an account and begin using the applications, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us.

Once at the Home Page, click on the Information for Providers link to go to the Providers page. A link on the Providers page will allow providers to create an account and view eligibility and claim information.

The site is secured through a security module developed by AHCCCS that requires a user login. VeriSign software is used to secure the data transferred over the Internet.

Once a provider has access to the site, the provider can query information relating to any of their patients who are recipients in the system. Providers also can obtain Medicare/TPL information for a recipient.

The Claim Status page allows providers to view detailed information relating to the claim, including status history, edit history, and accounting summary.

There is no charge to providers for creating an account, and there is no transaction charge.

Providers who have questions about the Web-based application should call AHCCCS Customer Support at (602) 417-4451. □

AHCCCS Puts Limits on Claim Changes Via Phone

Providers may no longer correct UB-92 claims by contacting the AHCCCS Claims Customer Service Unit.

The policy change will help reduce the volume of calls to the Customer Service Unit and allow Customer Service Representatives more time to respond to provider inquiries. The policy change also will eliminate the potential for keying errors that may occur.

UB-92 billers must either use the Claim Correction Request Form (available from the Customer Service Unit) or resubmit the claim to make any changes.

HCFA 1500 billers may correct some claim errors over the phone or by using the Claim Correction Request Form.

The following HCFA 1500 claim errors can be corrected over the phone or by using the Claim Correction Request Form:

• Enter Medicare or other insurance amounts if provider faxes the explanation of benefits

with the Claim Correction Request Form

- Change, add, or delete a procedure modifier
- Change the number of units

 To correct errors over the phone,
 providers should call the Claims
 Customer Service Unit at:

Phoenix Area: (602) 417-7670 Others: (800) 794-6862

The Claim Correction Request Form must be faxed to the AHCCCS Claims Research/Adjudication Unit at (602) 253-5472. □



AHCCCS Fee-For-Service Provider Manual



The AHCCCS Fee-For-Service Provider Manual is intended for use by providers' billing staffs and contracted billers. The manual provides information about AHCCCS, coverage of specific services, and requirements for completion and submission of fee-for-service claims to the AHCCCS Administration. Use of the manual will help reduce questions about coverage of services, recipient eligibility, and proper billing procedures and expedite the claims process by ensuring that claims are filed correctly the first time.

The manual is only for **fee-for-service claims**. It is **not** a substitute or replacement for a health plan's or program contractor's manual. If you contract with one or more AHCCCS health plans or program contractors, please follow their instructions when providing and billing for services rendered to a recipient enrolled with that health plan or program contractor.

This manual is available on line at www.ahcccs.state.az.us. Click on "Information for Providers" on the left side of the AHCCCS Home page. Scroll down the "Providers" page to the "Additional Information" section. Click on the link to the Fee-For-Service Provider Manual.

Any changes to the manual will be made on-line and available to providers for viewing. You will be able to print a copy of the manual from the on-line version. However, if you want a paper copy of the manual, please complete the form below and send it to:

AHCCCS Provider Registration Mail Drop 8100 701 E. Jefferson St. Phoenix, AZ 85034

Note: Your first paper copy of the manual is free. If you want more than one copy, the cost is \$75 per additional copy to offset printing, mailing, and handling. Please make checks payable to "AHCCCS Administration."

×	
Provider Name:	
AHCCCS Provider ID:	
Name of Contact Person:	
Address:	
City:	Charles 77D.
Number of manuals requested:	Is this your first copy? ☐ Yes ☐ No